



BUILDING FACADE IMPROVEMENT PROGRAM
SAN BRUNO REDEVELOPMENT AGENCY

Form 2

**PROPERTY OWNER'S AUTHORIZATION FOR COMPLETION
OF FACADE DESIGN & IMPROVEMENTS**

Date: _____

City of San Bruno
Community Development Department
567 El Camino Real
San Bruno, CA 94066
Attention: Mark Sullivan

Dear Mr. Sullivan:

This letter will serve as my authorization to allow my tenant,

Name

Address

to proceed with facade improvements to the building(s) located at the address specified above in conjunction with the San Bruno Redevelopment Agency Building Facade Improvement Program. I acknowledge and agree that payment of all costs associated with the proposed improvements will be the sole responsibility of the tenant, and that the Agency shall have no obligation to pay any persons providing materials or performing labor or to cause the release of any mechanics or other liens that may be recorded against the above property in connection with the proposed improvements.

Building Owner

(_____) _____
Phone

Address